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PHYSICIANS should state of OCCUPATION Is very

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St :----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Doration) which employed (or employer) Contributory..... State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State yrs mos ds. _ ds. Where was disease contracted. It oot at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

Fif death occurred in

a hospital or lostitution.

give Its NAME lostead of street and nomber.]

(Day)

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necmine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never repor ample: Mcasles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can State cause for "Exhaustion," Examples: For vio-



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RECORD

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state SICIANS should 0.0 statement PERMANENT classified. D properly INK supplied. pe UNFADING may certificate. carefully - A-4 - Marie that 80 0 terms, n back pinous 20 PLAINLY piain instructions Information 2 EATH See 0 Item OF Every item CAUSE OF important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Leut Registration Dist. No. (If death occurred to a hospital or lostitution. give IIs NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or . particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) mee 10 NAME OF FATHER 191 (Address) 11 BIRTHPLACE FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. .. State Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKE Filed. REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc., But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scptichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debliity" ("Conampie: Measics (disease causing death), 29 de.: "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the tbenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig ture of the American Mcdical Association.) mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



T. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

7989 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

| FULL NAME COSEN 10 | Your of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Golor or RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw have alive on 1914, |
| 7 AGE 11 LESS than 1 day,hrs. 0Rmin.? | and that death occurred on the date stated above, at 10 CL m, The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. | Laralysis, |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF | (Secondary) (Deration) yrs mos ds. |
| FATHER WINDOWN | (Signed) Maxwell, M. D. S. 1914 (Address) Still Pond, Md. |
| OFFATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. |
| (Informant) Navy (Informant) | Where was disease contracted, If not at place of death? Former or usual residence. |
| Filed aug/L, 1914 Hulland Pary. REGISTRAR | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS |
| The state of the s | ur, 6 E. Franklin St., Bano., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (discase causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples:



BINDING RESERVED FOR MARGIN

S. No. 1.

N. B.

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County.

| PLACE OF DEATH | 7990 |
|----------------|------|
| | 1990 |
| Kent | |
| | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

| St.;Ward) | [If death occurred I a hospital or Institution give Its NAME Instea |
|-----------|---|
| our | of street and number.] |
| | |

| Village or City man | Lyrich | (No | |
|---------------------|--------|------|--|
| * FULL NAME | Still | Corn | |

| *************************************** |
|---|
| MEDICAL CERTIFICATE OF DEATH |
| 1B DATE OF DEATH 8 18 1914. (Month) (Day) (Year) |
| that I last saw halive on |
| and that death occurred on the date stated above, at |
| Contributory (Secondary) (Duration) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Duration) (Duration) (Duration) (Signed) (Signed) (Address) (Address) |
| *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mcs ds. |
| Where was disease contracted, If not at place of death? Former or usual residence |
| 11 8 |

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Hart failure," "Haemorrhage," "Inaultion," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURSENET V.S.

B. No. 1.

N. B.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

| PLACE OF | DEATH | | 9100 | 11 |
|-----------|-------|------|------|------|
| , The | ut. | 799 | 1 | 1156 |
| Hen | 00 | 1 | | C |
| s or City | 2 Dea | chs. | (No | |
| | 1 | | 0// | |

STATE OF MARYLAND

| County 7 21 (5 | CERTIFICATE OF DEATH |
|---|---|
| Village or City Blacks (No | Registration Dist. No. [if death occurred in a hospital or institution, give its MAME instead |
| FULL NAME and Chambu | of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| FEEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Monyh) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH (Month) (Day) (Year) | that I last saw h & allve on April 30 th, 1914. |
| If LESS than 1 day,hrs. ORmin. ? | and that death occurred on the date stated shove, st 4 m, The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in | (Duration) yrs. mos. 6 ds. |
| which employed (or employer) | Contributory (Secondary) (Duration) |
| 10 NAME OF FATHER Standars | (Signed) Les I Jalena Md. (Signed) Les I Salena Md. |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. |
| 4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Yours Kerrey | Where was disease contracted, If not at place of death?———————————————————————————————————— |
| (Address) Blacks 7111 | blestornell Ch, 24 bept 1, 1914 |
| Filed Miscap S. 1914 Only and BEGSTEAR | 20 UNDERTAKER TO ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as fication, as Day laborer, Farm Taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or indust, y, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return: "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharmus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-accier" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS certificate. ō See Instructions on back CAUSE OF important.

Village or City Coleman (No. 1992)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

....St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and oumber.]

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|---|
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| © DATE OF BIRTH (Month) (Day) (Year) | that I last saw h. A. alive on A. S |
| 7 AGE 1 If LESS than 1 day,hrs. 0 | and that death occurred on the date stated above, at |
| (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in | (Duration) yrs mos ds |
| 9 BIRTHPLACE (State or country) Wary land | Contributory (Secondary) (Duration) yrs mos ds |
| OF TATHER Denny Cotton 11 BIRTHPLACE OFFATHER (State or country) | (Signed) W. S. May Well, M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent |
| (State or country) (State or cou | TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | Where was disease contracted, If not at place of death? Former or usual residence |
| Filed Aug 5", 1914 Polliam Pary REGISTRAR | 20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS |
| | r, 6 E. Franklin St., Bako., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Kervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described them and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Lobar pneumonia; Bronchopneumonia ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never reporample: Measics (disease causing death), 29 ds. etc. The contributory (secondary or intercurrent) affection need not be stated unless taportant. Ex valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Is less definite; avoid use of "Tumor" for mally Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED W. S. No. 1.

| PLACE OF DEATH MOOS | STATE OF MARYLAND |
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| 1/ 1/- 1000 | CERTIFICATE OF DEATH |
| County Street | 111 |
| ✓ × × × × × × × × × × × × × × × × × × × | Registered No. AU |
| / 1 00 D | // fit death occurred to |
| Village or City Men Munidyul (No. 1. | St; Ward) a hospital or institution, |
| | give its NAME lostead |
| FULL NAME An man | of street and oumber.] |
| FULL NAME | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| Male Glock woowformed word) | (Moph) (Day) (Year) |
| Write the word) | 17 I HEREBY CERTIFY, That I attanded deceased from |
| 8 DATE OF BIRTH | The Samuel Control of the Control of |
| (111. 13 ,414 | 191 191 191 191 191 191 191 191 191 191 |
| (Month) (Day) (Year) | that I last saw h allve ohlleulion, 191 |
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| Mell house of 1 day,hrs. | The CAUSE OF BEATH* was as follows: |
| ds. OR min. ? | 11- |
| 8 OCCUPATION (a) Trade, protession, or | Mangeloling by SIRC NACO |
| particular kind of work | The state of the s |
| (b) General nature of industry, | as comment the de the state of |
| business, or establishment in | (Duration)yrsmosco |
| which employed (or employer) | maril 1 |
| 9 BIRTHPLACE (State or country) | (Secondary) |
| Keyl Whid | (Deration) Ars mos de |
| 10 NAME OF A | (Del allul) |
| FATHER MILETANIA (DARRES) | (Signed) M. D. |
| 11 BIRTHPLACE | /luf 13 1914 (Address) Thes letterin |
| Z OF FATHER (State or country) | |
| w (state of country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Account |
| Z OF FATHER (State or country) Curl Co | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| a losa, tord | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER | OR RECENT RESIDENTS) At place |
| (State or country) clear L. | of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| lot -t -d | It not at place of death? |
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| Local REGISTRAR | 11 16 8 Masen Ltold and mit |
| If more blanks are needed, address State Registrar | , 6 E. Franklin St., Balto, Requesting V. S. No. 1 |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can he known. The question mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage, as "Puerrenal septichaccause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably swicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "TUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallg-The contributory tctanus) Always qualify all discases resulting from (Recommendations on statement of may he stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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Very RECORD PERMANENT INK UNFADING certificate. -WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No. 202 Ilf death occurred in St:----Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Dav (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) of death yrs. mos. ds. State _____ yrs. ___ mes. _ Where was disease contracted. If net at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," engineer, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For vio-01



V. S. No. 1.

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| Gor | PLACE OF DEATH 7995 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 202 |
|--------------------------|--|---|
| Vill | age or Gity Chesterfus (No. Ch | Alghering St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) | (Month) (Day (Year) 17 I HEREBY CERTIFY, That Lattended deceased from |
| 6 D/ | (Month) (Day (Year) | Aug 23, 191 4, to aug 23, 191 4, that I last saw h wallve on aug 73, 191 4 |
| TAC | ate about Novet Know, if LESS than t day,hrs. | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: |
| (a) pai (b) bus | CCUPATION) Trade, profession, or clicular kind of work | (Duration) yrs. mos. / ds. |
| 9 B I | RTHPLACE (State or country) 10 NAME OF | Gentributory Secondary (Duration) yrs mos ds. |
| PARENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| | 13 BIRTHPLACE OF MOTHER (State or country) 13 DIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds |
| | Informanty The House the tener | Where was disease contracted, It not at place of death? Former or usual residence |
| 1.5 Fil | en aug 25 191 W. J. Hecles | PLACE OF BURIAL OR REMOVAL RATE OF BURIAL 20 UNDERTAKER ADDRESS |
| | If more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or iudustry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cau ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerrenal septichae-Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tctanus) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," State cause for the head of Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See Instructions on back of certificate.

Important.

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(Address).....

RECORD

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UNFADING

WITH

PLAINLY.

WRITE

B. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead

DATE OF BURIAL

| * FUL | L NAME Henry Gran | ot sireet and number.] |
|--|---|--|
| PERSO | ONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| *sex Male | Slack Single, MARRIED, WIDDWED; ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from |
| TAGE | Mon(h) (Day) (Year) Mon(h) (Day) (Year) | that I last saw h MM. alive on AMA. 20 Th., 1914, and that death occurred on the date stated above, at 9 Pm. The CAUSE OF DEATH* was as follows: |
| (b) General nature business, or estab | ork | (Duration) yrs. mos. ds. Contributory (Secondary) |
| OF ATHER OF ATHER OF ATHER OF ATHER OF ATHER OF ATHER OF MOTOR OF MOT | NAME GOUNTRY) Kent Co mel NAME GOUNTRY) Kent Co mel NAME GOUNTRY) Sent Co Mel S TRUE TO THE BEST OF MY KNOWLEDGE | (Signed) |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative leaithfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Avaceru: (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caretneosis of lungs, meninges, peritonaeum, etc..

genital," childbirth or miscarriage, as "PURRPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the death), 29 "Exhaustion," Never report Examples:



PERMANENT d UNFADING INK-THIS IS PLAINLY, WITH

W. B. No. 1.

N. B

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s important. PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.; Ward)

[If death occurred lo a hospital or Institution, give its NAME instead of street and number.]

| FULL NAME COUNTY OWNERS | JAMPILL |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH | , 191, to, 191, |
| (Month) (Day) (Year) | that I last saw her allve on aug 20, 1914 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| yrs. 9 mos. 2/ ds. OR min.? | The CAUSE OF DEATH* was as follows: |
| B OCCUPATION (a) Trade, profession, or particular kind of work | Haufailing |
| (b) General nature of Industry, business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Pa | Contributory marasmus- (Secondary) |
| 10 NAME OF FATHER John Surface | (Signed) L, P, Clivell, M. D. 8-30, 1914 (Address) Still Pand |
| C (State or country) 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) | 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? Former or |
| (Address) Stell Porrol | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed Aug 30, 1914 William Pars Lorad REGISTRAR | 20 UNDERTAKER Krusen Stell Rond |
| If more blanks are needed, address State Registra | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUTEPTERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronical ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for maltg oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: cause for



(Informant)

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Filed.

(Address)

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| RECORD | PHYSICIANS of OCCUPAT |
| PERMANENT | stated EXACTLY. Exact statement |
| K-THIS IS A | AGE should be properly classified |
| UNFADING IN | that it may be |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exect statement of OCCUPATION is |
| | N. B.—Every |

| PLACE OF DEATH 7998 | STATE OF MARYLAND |
|--|---|
| Jen X | CERTIFICATE OF DEATH |
| County CMO | Registration Dist. No. 200 |
| min t | |
| Village or City // Lling WK (No, | St.; Ward) [it death occurred in a hospital or institution, |
| Notin B | give its NAME instead of street and number.] |
| FULL NAME SULLED | (Mh) Yadaway |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OF RACE 5 SINGLE, | 16 DATE OF DEATH |
| male White (Write the word) | (Month) (Day (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| Qua. 21 .914 | , 191, to, 191, |
| (Month) (Day (Year) | that I last saw halive on |
| 7 AGE It LESS than | and that death occurred on the date stated above, atm, |
| yrs mos. ds. OR min.? | The CAUSE OF DEATH* was as follows: |
| BOCCUPATION | (Off A D D) |
| (a) Trade, profession, or particular kind of work | Luce - Luce |
| (b) General nature of Industry, | |
| business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) | Contributory |
| ma. | (Doration)rsmosds. |
| 10 NAME OF FATHER | (Signed) / Merrith Bries M.D. |
| 11 BIRTHPLAGE | Och 14 , 1914. (Address) Milling tox |
| 11 BIRTHPLACE OF FATMER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | |
| 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| a of MOTHER Mary Carroll | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER | OR RECENT RESIDENTS) At place In the |
| (State or country) | of death yrs. mos. de State yrs. mos. ds Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | If not at place of death? |

REGISTRAR

Former or usual residence.

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

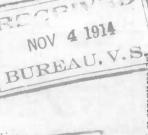
REVISED UNITED STATES STANDARDY SENT TO LOCAL MEGISTRAR NO CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when uceded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the misea in causing nearm (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulngitis"); Diphtheria (uvoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERTERAL peritonitis," childbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee ou Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," etc. State "Exhaustion," cause for For vio-





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PHYSICIANS should state of OCCUPATION is very

Exact statement EXACTLY.

should be stated

AGE

carefully supplied. may be

certificate.

0 pg

See instructions on back DEATH in plain terms.

of information should

CAUSE OF Important.

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WRITE

% 80 so that it

properly classified.

RECORD

7999 PLACE OF DEATH County.... Village or City. St.:....Ward) ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, Widnes WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 dayhrs BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ... ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO (Address) 15

REGISTRAR

If more blanks are needed, address State Regist

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occorred in a hospital or Institution, give Its NAME instead ot street and number. 7

21

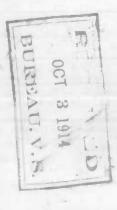
| ************************************** | Cours | | -, 1912 |
|---|------------|--|---------------|
| | (Month) | (Day) | (Year) |
| 17) / I HEREBY CER | TIFY, That | I attended de | ceased fro |
| July 6th, 1913 | to ain | cg 31, | 191 |
| 1 | ^ | + | |
| that I last saw hum alive on. | M | 49. 50 | , 191_5 |
| | | T | 100 |
| and that death occurred on the | - | above, at | |
| The CAUSE OF DEATH * was a | s follows: | | |
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| Sinh | lebil | tu | |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 1 | *********** |
| *************************************** | / | | ************* |
| | Duration) | 2 yrsn | 108, |
| Contallantania | | | |
| (Secondary) | | | |
| | (Duration) | 1/ 400 | 000 |
| LI | Datation) | | |
| (Signed) | P | Laries. | , И. |
| Sept 1, 191 4 (Address) | (/- | Galina | |
| // | | | |
| State the DISEASE CAUSING CAUSES, state (1) MEANS OF I | DEATH, or, | in deaths from | NIOLENT |
| TAL, SUICIDAL, OF HOMICIDAL. | MJURI; RD | d (Z) whether | ACCIDEN- |
| 18 LENGTH OF RESIDENCE (FOR | HOSPITALS | INSTITUTIONS | TRANSIENT |
| OR RECENT RESIDENTS) | *- | , | - PAGE I |
| At place of death yrs mos d | In the | ure . | |
| Where was disease contracted, | o. State | JIS,[| IIUS 0 |
| It not at place of death? | | ************************************** | ********** |
| Former or | | | |
| usual residence | | ************* | |
| 19 PLACE OF BURIAL OR REMO | VAL | DATE OF B | URIAL |
| Lambson Com | + | Seff | |
| amoson our | elley. | | , 191.2. |
| 20 | | a particles as a | |
| 20 UNDERTAKER | / | ADDRESS | 1 |
| 20 UNDERTAKER Hicks | | Chester | tru 7 |

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death of cause of death—Name, first, the dibease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibease); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

oma. Surcoma. etc., of childbirth or miscarriage, as "PULEPERAL septichaccause of death approved by Committee on Nomencia scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion." (name origin; "Can Never report Examples: For vio-



V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. PLAINLY, WITH UNFADING INK-THIS See instructions on back of certificate. Item of information should be CAUSE OF important. B ż

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No. 20/ |
|--------------|-------|----------|
| | | P14 4 41 |

| - | filiage or City Dellers (No | St.;Ward) | [if death occurred is a hospital or institution |
|---------------|--|---|--|
| | *FULL NAME Winnie Estella | 1 Colles | give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF D | EATH |
| 36 | Eurole White the word) 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) | 18 DATE OF DEATH (Migust.) (Month) 17 I HEREBY CERTIFY, That I att | 29, 1914 (Day) (Year) |
| 60 | (Month) (Day) (Year) | that I last saw he sallye on and | 28, 191 4, |
| 7 A | GE 3 yrs. mos. 10 ds. or. min.? | and that death occurred on the date stated about the CAUSE OF DEATH* was as follows: | ove, at 4 Am, |
| (a pa (b) bus | CCUPATION) Trade, profession, or ricular kind of work General nature of industry, class, or establishment in | (Auratian) | rsmos |
| | IRTHPLACE tate or country) Kut Qo Md | Contributory (Secondary) (Duration) | enr |
| RENTS | 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 10 NAME OF Ship State 12 MAIDEN NAME 10 NAME OF Ship State 12 MAIDEN NAME 10 NAME OF Ship State 10 NAME OF Ship State 12 MAIDEN NAME 10 NAME OF Ship State 10 NAME OF Ship State 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME | (Signed) | L Pond |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) Manyland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death yrs mos ds. State | TITUTIONS, TRANSIENTS, |
| | (Informant) | Where was disease contracted, If not at place of death? Former or usual residence. | |
| 1 5 FII | ed Aug 29,1914 Pollean Parx REGISTRAR | Still fond a | DRESS POND |
| | If more blanks are needed, address State Registrat | r, 6 E. Franklin St., Balta, Requesting V. S. No. | 1. |

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPTERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report uant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples: For vio-



No. 1. 02

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be signed. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. "Every item of information should be CAUSE OF DEATH in plain terms, s

Important.

N. B.

1 PLACE OF DEATH

Village or City

Mear Pomona



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 205

| St. | Ward) |
|-----|---------|
| | YY AT C |

[If death occorred is a hospital or institution, give its NAME instead of street and nomber.]

| FULL NAME CLEVES P. LO | huson |
|--------------------------------------|------------------------|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF |

(No.....

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|---|
| Male Lold Single, Mugle Male Lold Single, Mugle Married, Widowed, ORDIVORCED (Write the word) | (Month) (Lay (Year) 17 , I hereby Certify, That I attended deceased from |
| Octo Sout Know (Day (Hear) | ONacy 19, 1914 to 19. that I last saw h Malive on aug 19 1914 |
| 7 AGE tf LESS than 1 day,hrs. ORmin. ? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | Cholerinfantien yrs, 5 mos. 3 ds. |
| 9 BIRTHPLACE (State or country) Keet County | Contributory Add WEaffer Secondary (Duration) yrs mos ds. |
| 10 NAME OF FATHER DAVID Shulls on 20 11 BIRTHPLACE OF FATHER (State or country) Clark Co Mid. 24 12 MAIDEN OF MOTHER OF MOTHER | (Signed) the Sength of M. B. (Address) Restrown of M. B. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? |
| (Informant) Navad Johnson (Address) Chef Festown Fin. 3 | Former or usual residence 19 PLACE OF BURLAL OR REMOVAL CO. DATE OF BURLAL Max of Week Kurt Co. Aug 20., 1914 |
| Filed (Sug 31, 1914 W. C. Lownsend, REGISTRAR | Chas. Lodd. bask town |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fleation as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are eugaged in the As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skuli, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for mailg-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



S. No. 1.

N. B.-

PERMANENT RECORD UNFADING INK-THIS IS A PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County Hu

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

| Village or City Rocust Strong (No. 1900) | St.; Ward) St.; Ward) [If death occurred to a hospital or institution give its NAME instead of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE MARRIEO, WIOOWEO, ORDIVORCEO (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| COATE OF BIRTH Office (Day) (Year) | Ana 3 1914 to Ala 3d 1914 |
| 7 AGE If LESS than 1 day,hrs. ORmin.? | land that death occurred on the date stated above, at |
| © OCCUPATION (a) Trade, profession, or particular kind of work | · Marazanus. |
| business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Kent Poo Md. | (Secondary) (Deration) yrs mos ds |
| 10 NAME OF ROBERT & Jouls 11 BIRTHPLACE | (Signed) W. S. Waywell, M. D. S. S. 1914 (Address) Still Pand Wa. |
| STRIPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) Mary land | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, |
| (Informant) ROLL TO THE BEST OF MY KNOWLEDGE | Where was diseasa contracted, If not at place of death? Former or usual residence |
| (Address) Socust Grove | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed Aug 8", 1914 Ptilleam Parr Logal REGISTRAR | 20 UNDERTAKER ADDRESS ST. POWER |
| If more blanks are needed, address State Registi | ear, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. 8. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Ireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Leaithfuibeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PUEEPERAL scptichacsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition." "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of _______ (name origin; "Can ver" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion." The nature of the Never report Examples: For vio-



T. S. No. 1.

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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very UNFADING INK-THIS IS See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, se PLAINLY,

important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

| ٧ | *FULL NAME William M | I, Jones, Ward) | a hospital or institution, give its NAME instead of street and number.] |
|-----------------------------------|--|--|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF D | EATH |
| 351 | nale colored (Write the word) | 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att | (Day) (Year) |
| 0 0 | (Mpsth) (Day) (Year) | that I last saw h alive on | |
| 7 A | ge If LESS than 1 day, | and that death occurred on the date stated about the GAUSE OF DEATH* was as follows: | |
| (a pa (b) bus | CCUPATION) Trade, protession, or rticular kind of work General nature of Industry, iness, or establishment in Ich employed (or employer) | bild on the way to my (Duration) | office, |
| 9 B (S | 10 NAME OF FATHER A Shert Jorres 11 BIRTHPLACE 11 BIRTHPLACE | (Signed) W. S. Maywe Salum 1914 (Address) Still R | yrs mos ds. |
| (State 12 MAID OF I | 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) | *State the DISEASE CAUSING DEATH, or, in causes, state (1) Means of Injury; and (2 tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, insor Recent Residents) At place in the of deathyrsmos ds. State | 2) whether Acciden- |
| (Informant) Policy Jours Hove Md. | | Where was disease contracted, If not at place of death? Former or Usual residence | |
| 15 Fil | 100 Aug 14, 1814 Willeam Parr Local REGISTRAR | 20 UNDERTAKER MISEN SI | DORESS COND MO. |
| | If more blanks are needed, address State Registra | ir, 6 E. Franklin St., Balto., Requesting V. S. No. | 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iii-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercubosis of lungs, meninges, peritonacum, etc.. Carcin-

Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septicharsepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. ampie: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig "Contributory." mere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



W. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and oumber.]

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO, OR OIVORCEO OR OIVORCEO Write the word) | 16 DATE OF DEATH 8 - 2 2 , 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 Days of BIRTH (Month) (Day) (Year) | that I last saw her alive on and 2/st 1914 |
| 7 AGE If LESS than 1 day, | and that death occurred on the date stated shove, at |
| 8 OCCUPATION (a) Trade, protession, or particular kind of work | Drott ailer |
| (b) General nature of industry, business, or establishment in which employed (or employer) | Gentributory Entero - Colilio |
| 9 BIRTHPLACE (State or country) West Company (State or country) West Company (State or country) | (Secondary) (Daratien) (Signed) (Signed) (Daratien) (Daratien) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 S, | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDEN. |
| 12 MAIDEN NAME OF MOTHER SOUND Munshert 13 BIRTHPLACE OF MOTHER (State or country) | TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. |
| (Interment) True To THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? Former or usual residence |
| (Address) William Mid | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLG LH., 1914. |
| Filed | 20 UNDERTAKER STULLIONS STULLIONS |
| If more blanks are needed, address State Registra | P 6 H Evanilin St Balto Boquesting V C No 1 |

[Approved by U. 8. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—I affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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should s OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. properly classified. 4 IS UNFADING INK-THIS AGE supplied. may carefully sulp that it made contificate. 10 PLAINLY, WITH of information should be DEATH in plain terms, See instructions on back WRITE CAUSE OF Important. S

state

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or particular kind of work.

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Intermant)

(Address)

which amployed (or amployer)

| 1 PLACE OF DEATH | 800 |
|------------------|-----|
| County Kent | |

4 COLOR OR RACE

2FULL NAME.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:...Ward)

| Village or | City near by | Mena (| No | 000 |
|------------|--------------|--------|----|-----|
| | | 156 | 7 | |

5 SINGLE.

MARRIED,

(Day

windstep, warried ordiverceb (Write the word)

(Year)

It LESS tha t day,....hr

OR min. ?

PERSONAL AND STATISTICAL PARTICULARS

(Month)

It death occurred in a hospital or institution

DATE OF BURIAL

ADDRESS

| MEDICAL | CERTIFICATE C | F DEATH | |
|---|--|--|---|
| 16 DATE OF DEATH | 8. | 7 | 1014 |
| ###################################### | (Month) | (Day | , 191.4 (Year) |
| | CERTIFY, That | | ceased from |
| march 14, 19 | 1 to sep | L-6 | , 19144. |
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| iat i last saw n _e anne anv | e on | | 191 45. |
| nd that death occurred or | the date state | d above, at3 | 1 30 C.m |
| The CAUSE OF DEATH* | was as follows: | | |
| a/ | | 10 - | |
| Onon | ie Br | ights | |
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| (Signed) | ddress) Marth, os of Injury; allal. | yrs. 6 ner (eux, 8 r, in deaths f ind (2) whet | mesds |
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| Secondary (Signed) , 191 (A *State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC 16 LENGTH OF RESIDENC OF RECENT RESIDENTS) At place of death yrs. mos. Where was disease contracted, | ddress) A direction of the dark of the dar | yrs 6 ner leux, 8 r, in deaths f and (2) whet | rom VIOLEN her Acciden |
| (Signed) | ddress) A direction of the dark of the dar | yrs 6 ner leux, 8 r, in deaths f and (2) whet | rom Violensher Acciden |

ACE OF BURIAL OR REMOVAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) statement. cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speci-Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applles to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing (Recommendations on statement of (secondary or intercurrent) "Dropsy," death), 29 ds.; State cause for "Exhaustion,"



| Village or City Rock Hall (No | CERTIFICATE OF DEATH Registration Dist. No. 214 St.; Ward) [It death occurred is a hospital or Institution give its NAME instead of street and oumber.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jeusle Cal Single, MARRIED, MIDOWED, MODIVERCED (Write the word) | 16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| May malusor, 365 (Month) (Day) (Year) | that I last saw h & allve on Dug & 1914 |
| 7 AGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the dete stated above, at |
| (a) Trede, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | Contributory fundamental Contributory |
| 9 BIRTHPLACE (State or country) few Co Millipse 10 NAME OF FATHER Garrison Thillipse | (Secondary) (Doration) yrs mose ds (Signed) , M. D |
| 11 BIRTHPLACE OF FATHER (State or country) Level La Mil. 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or county) Kent Cs. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds |
| (Informant) Rule To THE BEST OF WY MOWLEDGE | Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 Filed My 5, 1914 & White REGISTRAR | 18 place of Burial or REMOVAL DATE OF BURIAL 1820 T 92 lown Cerneley aug 3, 191.4 20 UNDERTAKER That H. Casay to Rock Haile |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

8006

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherid (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTRPERAL scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) "Contributory." mere symptoms or terminal conditions, such as "As Surcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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| | | state | |
|--------------|---|---|--|
| | | ANS should | |
| | RECORD | HYSICIANS of OCCUPAT | |
| Y. B. No. 1. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | |
| S. N | | MOE | |
| ¥. | | z | |

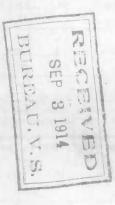
| Village or City Pinney Noch (No loan) 2 FULL NAME WELDON | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mall 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| leng 3, 1914 | that I last saw has alive on Aug 18 191 |
| 7 AGE (Monch) (Day) (Year) 7 AGE If LESS than f day,hrs. ORmin. ? | and that death occurred on the date stated above, at |
| (a) Trade, profession, or particular kind of work. (b) Genoral nature of Industry, business, or establishment in which employed (or employed) | College Des Mose de Mo |
| which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Ray Mon Price 11 BIRTHPLACE OF FATHER (State or country) Kenth Co That You Maid the Control of the Co | Contributory (Secondary) (Deration) yrs |
| 13 BIRTHPLACE OF MOTHER (State or country) Kanh Cod Ince | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted, |
| (Interment) Ray mon Porte (Interment) Ray mon Porte (Address) Roch Hall 15 Filed 8/19 191 7 B. Danding Registrate | 19 PLACE OF BURIAL OR REMOVAL Wester Chart Camelon Out 9, 191/4 20 UNDERTAKER ADDRESS ADDRESS |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative wealthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease, "Ponedhopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| PLACE OF DEATH 8008 | STATE OF MARYLAND |
|--|--|
| 1/1 | CERTIFICATE OF DEATH |
| County Resulf | Y = = = = = = = = = = = = = = = = = = = |
| 4 | Registration Dist. No. 204. |
| Village or City lingtown (No. 10), | St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| MARRIEO, WIDOWED, | (Morph) (Day) (Year) |
| Male Cal (Write the ward) | 17 I HEREBY CERTIFY, That I attended deceased from |
| S DATE OF BIRTH | , 191, to, 191, 191 |
| 345-, 19/4 | that I last saw h alive on |
| (Month) (Day) (Year) 7 AGE If LESS than | n P |
| 1 day,hrs. | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: |
| yrsmosds. ORmin. ? | THE CAUSE OF DEATH * Was as follows: |
| 6 OCCUPATION (a) Trade, profession, or | (la mules aire) |
| particular kind of work | |
| (b) Beneral nature of industry, | |
| business, or establishment in which employed (or employer) | (Duration) yrs mos ds. |
| 9 BIRTHPLACE (State or country) | (Secondary) |
| 10 NAME OF FATHER Albert South | (Signed) Frankle Levelle, Corono , M. D. |
| M 11 BIRTHPLACE | au 22, 1914 (Address) Chestelsion |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | State the DISMASH CAUSING DEATH, or In deaths from Violent |
| 12 MAIDEN NAME OF MOTHER Play Lochuson | TAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| OF MOTHER (State or country) | At place In the of death yrs, mos ds. State yrs, mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| 111.1 1 1. 11 | Former or |
| (Informant) | usual residence |
| (Address) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 6 22 7 1 1 1 | George Low Center lug 22 , 1914 |
| Filed aug 23, 1914 & Whenth | 20 UNDERTAKER ADDRESS |
| REGISTRAR | The A Cary Rock Hall |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers ncation, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. cbildbirth or miscarriage, as "Purspenal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 mant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases, resulting from may be stated under (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for the head Never report Examples: d8. :



V. S. No. 1.

| County Village or CIN Mean & desrille (No | (IX) | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 | in. |
|---|------------|--|-----------|
| Village or City hear Kausselle (No | Homas | St.; Ward) a hospital or institution give its NAME instead of street and number.] | on, ad |
| PERSONAL AND STATISTICAL PARTICULAR | s | MEDICAL CERTIFICATE OF DEATH | |
| Pale Cal Single, MARRIED, WIDOWED, ORDIVERSE WITH WITH THE WORD (Write the word) | ple _ | (Modth) (Vay) (Year) | ! |
| © DATE OF BIRTH (Monto) (Day) | 1914 | 17 I HEREBY GERTIFY, That I attended deceased from 191 | |
| 7 AGE | 1 day hre | nd that death occurred on the date stated above, at | ١, |
| SOCCUPATION (a) Trade, profession, er particular kind et work (b) General nature et industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | | Contributory (Secondary) (Duration) yrs. mos 3 di | s. s. |
| 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER | | Signed) | 4 |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE (Informant) (Address) (Address) | ot Wh | At place in the state yrs, mos. ds. State yrs, | š. |
| Filed 8/28 ,1914 7. 13. Durd | EGISTRAR J | John Sico (Taller) Reck Ha | ii U |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day diborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ...eaithfui-Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, péritonaeum, etc.. Carein-

childbirth or miscarriage, as "PUERPERAL scptichacsepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated should UNFADING INK-THIS AGE carefully supplied.

o that it may be p PLAINLY, WITH of Information B.—Every item CAUSE OF Important. S

properly classified.

See instructions on back of

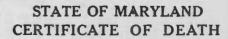
Filed Gug. 13:1914

DEATH in plain terms.

S. No. 1.

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| PLACE | OF | DEATH | |
| | | 4 | |



Registration Dist. No. 202

ADDRESS

| Village or City history (No. 2FULL NAME IIM E. S.) | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Color or RAGE Single, Married, Widowed, Widowed, Ordiverse the word) | 18 DATE OF DEATH Month Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from |
| B DATE OF BIRTH May (Month) (Day (Year) | that I last saw h inceasive on Red 14 , 1914 |
| 7 AGE 11 LESS than 1 day, | and that death occurred on the date stated above, at |
| **BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or eountry) | Contributory Secondary (Duration) yrs. / mos. ds. |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER | (Signed) |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence |
| (Address). Chelips to- One | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

eated thus: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary fireman, etc. But in many L'hysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

icsis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pncumonia," unqualified, is indefinite): Tubercubi'ospinal term for the same disease. time and eausation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Examples: Cerebrospinal (avoid Carcinuse of

> mus," mia," "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacetc., when a definite disease ean be ascertained as the "Ileart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debllity" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... The contributory "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State eause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in -Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Widowa (Day) ORDIVORCED
(Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Gontributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER of death yrs. mos. State Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (9)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcinosts of lungs, meninges, peritonacum, etc.. Carcinoscia

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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OCCUPATION

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Gounty-----Registration Dist. No. 205 Ilf death occurred in Village or City. St.:...Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at day,.....hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENIS 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. Where was disease contracted. 14 THE ABOVE IS THE TO THE BEST OF If not at place of death?. Former or (Informant) usual residence 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Namc, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," State cause for Never report the head For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

| Village or City/Millington (No. 2) *FULL NAME D. Js. Vans | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, Wirte the word) | 18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day) (Year) | that I jast saw handalive on And Po 1914 |
| 60 yrs. // mos. /0 ds. OR min.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in | (Duration) yrs mos 2 ds. |
| which employed (or employer) BIRTHPLACE (State or country) | Contributory (Secondary) (Deration) yrs |
| 10 NAME OF B. C. Vansant 11 BIRTHPLACE (State or country) Manyland | (Signed) , M. D. State the Disease Causing Duath, or in deaths from Violence |
| 12 MAIDEN NAME of MOTHER of . A. Bostwich | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| OF MOTHER (State or country) | At place of death yrs mos ds. State yrs mos ds. |
| (Interment) My Many Many Manual Company | Where was disease contracted, If not at place of death? Former or usual residence |
| 6 AUG 11 1914 Julian Donn | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 8=/2, 1914 |
| REGISTRAR If more blanks are needed, address State Registrar | John Le Onul Millingty CE. Franklin St., Balto, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing drath—Name, first, the disease causing drath—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Purpresal septichaccause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can "Exhaustlon," Examples: For VIO-



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT

STATE OF MARYLAND

| County Plu | CERTIFICATE OF DEATH |
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| Do 'OD " + | Registration Dist. No. 200 |
| Village or City/ Illung Col (No | St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
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| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CONAID WILSON 11 BIRTHPLACE OF FATHER (State or country) 22 (State or country) 13 BIRTHPLACE OF FATHER (State or country) | (Signes) Contributory Secondary (Duration) urs mos ds (Signes) Contributory mos ds (Signes) Co |
| OF FATHER (State or country) 12 MAIDEN NAME of MOTHER of MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) | *State the DISEASE CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) Al place In the of death |
| (Informant) LOVAL Hilsoy (Address) Mullinglin | Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
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1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Assessing causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Tuphoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nngnalified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," childbirth or miscarriage as "Puerreral septichaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Mcasles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eansing death), 29 ds.; ete. State "Exhaustion," cause for

